NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Sir:

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Attorney Docket No.: 117259

Date: September 23, 2003

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL RULE §1.53(b)

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

17497 U.S. PTC 10/667350

Transmitted herewith	for filing under	r 37 C.F.R. 8	\$1.53(b) is the n	onprovisional p	atent application

For (T	itle):	INKJET HEAD AND MANUFACTURING METHOD OF THE SAME
By (In	ventors):	Yuji SHINKAI
	Use Figure A Declaration ar This application (A Preliminary A This patent appli The execute An Information of Entitlement to so A Preliminary A Priority of foreig A certified of This application the invention di	s (Figs. 1-15B; 16 sheets) are attachedfor front page of Publication. nd Power of Attorney is filed herewith. claims benefit of Provisional Application Nofiled Amendment is attached to reflect this claim in the Specification if not already present.) ication is assigned to Brother Kogyo Kabushiki Kaisha. dd Assignment is filed herewith. Disclosure Statement is filed herewith. mall entity status is hereby asserted. mendment is filed herewith. gn application No. 2002-277136 filed September 24, 2002 in Japan is claimed (35 U.S.C. §119). copy of the above corresponding foreign application(s) is filed herewith. is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that sclosed in this application has not been and will not be the subject of an application filed in another
\boxtimes		r a multilateral international agreement, that requires publication at eighteen months after filing. calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

FOR:	NO. FILED	NO. EXTRA	
BASIC FEE			
TOTAL CLAIMS	40 - 20	= *20	
INDEP CLAIMS	7 - 3	= *4	
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED			

^{*} If the difference is less than zero, enter "0".

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RATE		FEE	<u>OR</u>
		\$ 375	<u>OR</u>
į	x 9=	\$	<u>OR</u>
	x 42 =	\$	<u>OR</u>
	+ 140 =	\$	<u>OR</u>
TOTAL		\$	<u>OR</u>
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RATE	FEE
	\$ 750
x 18	\$ 360
x 84	\$ 336
+ 280	\$
TOTAL	\$1,446

Check No. <u>146550</u> in the amount of \$<u>1,446</u> to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

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